DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration 10903 New Hampshire Avenue Document Mail Center - WO66-0609 Silver Spring, MD 20993-0002

SEP 28 2010

Kamiya Biomedical Company c/o Shawn Kaplan Clinical Diagnostics Product Manager 12779 Gateway Drive, Seattle, WA 98168, USA

Re:

k093137

Trade/Device Name:

K-ASSAY Cystatin C Assay K-ASSAY Cystatin C Calibrator K-ASSAY Cystatin C Control

Regulation Number: 21 CFR 862.1225

Regulation Name: Creatinine Test System

Regulatory Class: Class II Product Code: NDY, JIT, JJX Dated: September 21, 2010 Received: September 23, 2010

Dear Mr. Kaplan

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in Title 21, Code of Federal Regulations (CFR), Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Parts 801 and 809); and good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820).

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of *In Vitro* Diagnostic Device Evaluation and Safety at (301) 796-5450. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at (301) 796-5760. For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-5680 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Courtney C. Harper, Ph.D.

Director

Division of Chemistry and Toxicology Office of *In Vitro* Diagnostic Device

Evaluation and Safety

Center for Devices and Radiological Health

Enclosure

KAMIYA BIOMEDICAL COMPANY

12779 Gateway Drive, Seattle, WA 98168 USA

Tel: 206.575.8068 - Fax: 206.575.8094

INDICATIONS FOR USE STATEMENT

510(k) Number (if	f known):	K093137	<u>, </u>
.,			SEP 2 8 2010
Device Name:	Cystatin C A	ssay	
Indications For U	lse:		
C in serum, EDT	A plasma, or l rements are u	ithium heparin p sed as an aid ir	itative determination of human cystatin lasma by immunoturbidimetric assay. In the diagnosis and treatment of renal
The K-ASSAY [®] (K-ASSAY [®] Cystat			d to be used for the calibration of the AGNOSTIC USE.
The K-ASSAY ® material for monito			for use as an assayed quality control C assays.
Prescription Use _ (Part 21 CFR 801		AND/OR	Over-The-Counter Use(21 CFR 801 Subpart C)
(PLEASE DO NO	T WRITE BELOW	/ THIS LINE - CON	FINUE ON ANOTHER PAGE IF NEEDED)
Concurr	rence of CDRH	l, Office of In Vitre	o Diagnostic Devices (OIVD)
Carol (Bens.	\sim	
Division Sign-Off Office of In Vitro D Evaluation and Sa	-	ce	
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